

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598875

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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25			1			
26				-		
27				-		
28				-		
29				-		
30				-		
31				-		
32				-		
33				-		
34			1			
35				-		
36				-		
37				-		
38				-		
39				-		
40				-		
41				-		
42			1			
43				-		
44				-		
45				-		
46				-		
47				-		
48				-		
49				-		
50				-		
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		22	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						